

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	96		2/26/00
<b>O.I.P.E. CLASSIFIER</b>		15	5-9-00
<b>FORMALITY REVIEW</b>		5718	4-18-00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	6	10/13
2	2	26	28/23
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LAST AVAILABLE COPY

If more than 150 claims or 10 actions  
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